05753

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BERLIN
LENGTH OF STAY (in this place) 20 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, BERLIN
STREET ADDRESS (If rural, give location) IRONSHIRE

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) WOODSON (Last) BURKS
4. DATE OF DEATH (Month) MAY (Day) 4 (Year) 1952

5. SEX MALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) unk.
8. DATE OF BIRTH 6-16-1886
9. AGE last birthday 66 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT WELFARE BOARD SNOW HILL, MD

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Heart Disease, c̄ acute	?
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Dilitation, Rt Ventricular Failure	?
	(c) Anasarca - Bronchitis	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Ascites, Enlargement Liver & Spleen,	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No External Cause of Death
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.* @ 8 P.M. 5/4/52

SIGNATURE Hermann A. Robbins (Degree or title) M.D. ADDRESS 5 Bay St. Berlin Md DATE SIGNED 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/6/52
NAME OF CEMETERY OR CREMATORY St Pauls.
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 5-5-52
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05754

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Berlin
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Palm Beach
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Belle Glade
STREET ADDRESS (If rural, give location) Osceola Camp

3. NAME OF DECEASED (Type or Print) (First) Mack (Middle) Lee (Last) Freeman
4. DATE OF DEATH (Month) May (Day) 21 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [✓ DIVORCED]
8. DATE OF BIRTH 6/10/1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY School.
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME unknown. FREEMAN
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Henry Freeman Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Coronary Thrombosis — 25 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease — 7 yrs
(c) arteriosclerosis generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 May, 1952, to 21 May, 1952, that I last saw the deceased alive on 21 May, 1952, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. (Degree or title)
ADDRESS 5 Bay St Berlin Md
DATE SIGNED 23 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/23/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 5/23/52
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR [illegible] Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

115755

Reg. Dist. No. 350

1. PLACE OF DEATH · COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE N.J. COUNTY Salem
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salem
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First) Clifford (Middle) W. (Last) Harris
4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 10/27/94
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator
10b. KIND OF BUSINESS OR INDUSTRY Printing
11. BIRTHPLACE (State or foreign country) Salem N.J.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. H. Harris
14. MOTHER'S MAIDEN NAME Phebe Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I
16. SOCIAL SECURITY No. 145-10-6998
17. INFORMANT AND ADDRESS Miss Elizabeth [illegible] Salem N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia — minutes

5221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Emphysema with — Years

(c) Right heart failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☑, *Inquiry* ☑ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE Dr. [illegible]
(Degree or title) Dep. Med. Ex.
ADDRESS Pocomoke City Md
DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-15-52
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) Pocomoke City, (State) Md

DATE REC'D BY LOCAL REG. May 15, 1952
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR DENNIS + WATSON, ADDRESS POCOMOKE City, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1

VS. A15A

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05756

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) S. Berlin
LENGTH OF STAY (in this place) Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) S. Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thornton (Middle) Edward (Last) Henry

4. DATE OF DEATH (Month) 5 - (Day) 11 - (Year) 1952

5. SEX Male

6. COLOR OR RACE A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 5-17-1912

9. AGE last birthday 39 yrs. If under 1 year Months 11 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Factory

11. BIRTHPLACE (State or foreign country) Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cyrus Prideau

14. MOTHER'S MAIDEN NAME Agnes Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 218-20-3594

17. INFORMANT AND ADDRESS Mrs. Helen Henry, S. Berlin, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral stenosis & regurgitation

421.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Etiology unknown

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Apr, 1952, to 11 May, 1952, that I last saw the deceased alive on 11 May, 1952, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE W. K. Thomas (Degree or title) MD ADDRESS Ocean City, MD DATE SIGNED 13 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-15-'52
NAME OF CEMETERY OR CREMATORY Germantown Cemetery
LOCATION (City, town, or county) S. Berlin, Worcester Co. (State) Md.

DATE REC'D BY LOCAL REG. 5/14-52
REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 402 E. Church St. Salisbury, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05757

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill (Rural)
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ordie (Middle) Franklin (Last) Holloway

4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Dec 6th 1893

9. AGE last birthday 58 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Milk Mfg Pkg Plant

11. BIRTHPLACE (State or foreign country) Williamsville Del

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ananias Holloway

14. MOTHER'S MAIDEN NAME Hester Holloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS Julia Hickman (Half Sister)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) D.K.	Short
744.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Muscular Dystrophy	over 40 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	D.K.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr N. E. [illegible] (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 5/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/15/52
NAME OF CEMETERY OR CREMATORY Zion
LOCATION (City, town, or county) St Martin's Neck (State) Md

DATE REC'D BY LOCAL REG. 5/15/52
REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR [illegible] A. Bunting ADDRESS Berlin Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 357

1. PLACE OF DEATH
COUNTY Worcester
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree (Rural
LENGTH OF STAY (In this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill (Rural)
STREET ADDRESS (If rural, give location) 1 mi out on Berlin road

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) May (Last) Johnson

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1952

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH May 13 - 1951

9. AGE last birthday 1 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse James Johnson

14. MOTHER'S MAIDEN NAME Lilly May Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. ✓

17. INFORMANT AND ADDRESS Jesse James Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation — Short time

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Conflagration of Home.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Child's aunt (Maggie Corbin) had attempted to make a [illegible] [illegible] kindling oil fire [illegible] [illegible]

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING — CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) near Girdletree (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12:59 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Child consumed in conflagration of Grand Mother's home

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined*

SIGNATURE Dr N. E. Sartorius
(Degree or title) Dep Med Exam
ADDRESS Pocomoke City Md
DATE SIGNED 5/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 27/52
NAME OF CEMETERY OR CREMATORY Mt. Moriah
LOCATION (City, town, or county) Snow Hill
(State) Md

DATE REC'D BY LOCAL REG. 5/27/52

REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible] Md

RECEIVED
JUN 3 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ap[illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

59

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: Ocean City
COUNTY Worcester
MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS George Washington Hotel 10th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural, give location) 103 James St ✓

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) Joseph (Last) Mannix
4. DATE OF DEATH (Month) May (Day) 25 (Year) 19 52

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, [✓ MARRIED], WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mar 16 1895
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec. Govt Electrician
10b. KIND OF BUSINESS OR INDUSTRY Govt U.S.
11. BIRTHPLACE (State or foreign country) Fitchburg Mass USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Mannix
14. MOTHER'S MAIDEN NAME Mary J. Mahony

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Wife - Mrs Ruth Mannix Gaithersburg Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary thrombosis acute massive	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	5 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	

420.1

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined*

SIGNATURE [illegible] Jr MD (Degree or title) Deputy Medical Examiner ADDRESS Ocean City, Md. Wor. Co Md. DATE SIGNED May 25, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-29-52
NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 5/25/52
REGISTRAR'S SIGNATURE Helen S Hayward
24. FUNERAL DIRECTOR [illegible] A. [illegible] ADDRESS Berlin, Md

RECEIVED
MAY
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 511

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) JANE (Last) MARSHALL

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan 28 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country). Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Sa[illegible] [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT — ADDRESS: Edit[illegible] Marshall - Horntow[illegible] Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 24 hrs

4432

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-sclerosis & cardio-

DUE TO

(c) vascular renal disease — unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19......, to ...., 19......, that I last saw the deceased alive on ...., 19......, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (DEGREE OR TITLE) MD ADDRESS Snow Hill Md DATE SIGNED 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 6, 1952
NAME OF CEMETERY OR CREMATORY Horntown
LOCATION (City, town, or county) Horntown, (State) Va.

DATE REC'D BY LOCAL REG. May 5. 1952
REGISTRAR'S SIGNATURE Mary M. Taylor

24. FUNERAL DIRECTOR Edgar [illegible]
ADDRESS New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

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11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural, give location) 612 Second St.

3. NAME OF DECEASED (Type or Print) (First) MARION (Middle) R. (Last) MERRILL, Sr.
4. DATE OF DEATH (Month) (Day) (Year) May 5, 1952 19
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 6, 1883
9. AGE last birthday 69 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY Post Office
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Major R. Merrill
14. MOTHER'S MAIDEN NAME Mary C. Merrill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. 219-05-5699
17. INFORMANT AND ADDRESS Annie J. Merrill, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Coronary Failure — Seconds
420.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Coronary Disease — Several years
(c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Excessive exercise & fatigue due to his work as a mail carrier with supply [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from for most of his life, 19 , to May, 1952 that I last saw the deceased alive on May 3 1952 and that death occurred at 3 P m, from the causes and on the date stated above.
SIGNATURE N. E. Sartorius MD (Degree or title)
ADDRESS Pocomoke City Md
DATE SIGNED 5/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 8, 1952
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) Pocomoke, Md. (State)

DATE REC'D BY LOCAL REG. May 8 1952
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Dennis & Watson
ADDRESS Pocomoke, Md.

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MAY 12 1952
BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishop
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishop.
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) M. (Last) Murray

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 1, 1874

9. AGE last birthday 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Lineman

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Bishop

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John P. Murray

14. MOTHER'S MAIDEN NAME Margarett Esham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Jennie Hamblin Whaleyville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950 to May, 1952 that I last saw the deceased alive on May 26, 1952 and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE William N. Young (Degree or title) M.D. ADDRESS Selbyville Del DATE SIGNED May 27

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 29, 1952

NAME OF CEMETERY OR CREMATORY [illegible] Cemetery

LOCATION (City, town, or county) [illegible] (State) Del.

DATE REC'D BY LOCAL REG. 5/29, 1952

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Peter Whaley ADDRESS Selbyville, Del.

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JUN 2 195
BUREAU V. S.

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VS: A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) 8yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Bonneville Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural, give location) 501 Bonneville Ave.

3. NAME OF DECEASED (Type or Print) (First) Annie E (Middle) E. (Last) Nutter

4. DATE OF DEATH (Month) 5 - (Day) 26 (Year) 1952

5. SEX Female

6. COLOR OR RACE A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 9-28-1858

9. AGE last birthday 93 yrs. If under 1 year Months 7 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Allen, Wicomico Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levin King

14. MOTHER'S MAIDEN NAME Priscilla Cottman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Rev. Matthew Nutter, 407 N.23rd St.Phila.Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 7 mos.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1952 to 5/26, 1952, that I last saw the deceased alive on 5/25, 1952 and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Annie M. Bradford - 508-5th Ave - Pocomoke, Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-31-'52
NAME OF CEMETERY OR CREMATORY Pocomoke Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Worcester Co. Md.

DATE REC'D BY LOCAL REG. May 31, 1952
REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR STEWART FUNERAL HOME
ADDRESS 402 E. Church St
Mary A. Stewart, Salisbury, Md.

[illegible] 1952 [illegible]

'54

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural, give location) 4th St.

3. NAME OF DECEASED (Type or Print) (First) E. (Middle) MARION (Last) OUTTEN

4. DATE OF DEATH (Month) (Day) (Year) May 3, 1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 15 1895

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Broker

10b. KIND OF BUSINESS OR INDUSTRY Produce

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Henry C. Outten

14. MOTHER'S MAIDEN NAME Fannie E. Ritchie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Georgia I. Outten, Pocomoke, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	Respiratory & Cardiac Failure	2-3 days.
54X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of Rectum with	Approx 9 months
(c)	Metastasis thruout body	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION Nov. 1952

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum Proper. with Metastases to [illegible] + [illegible]

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to 3 May, 1952, that I last saw the deceased alive on 3 May, 1952 and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE Norman E. Sartorius, Jr. (Degree or title) ADDRESS Pocomoke City, Maryland DATE SIGNED 5 May 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 6, 1952
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. May 6, 1952
REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Dennis & Watson, Pocomoke, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin R.F.D.	LENGTH OF STAY (in this place) 74 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin R.F.D.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Thomas	(Last) Powell	4. DATE OF DEATH	(Month) May (Day) 20	(Year) 1952
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1877	9. AGE last birthday 74 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick mason	10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) Berlin Md R.F.D.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Powell			14. MOTHER'S MAIDEN NAME Zella Jarman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY No. no	17. INFORMANT AND ADDRESS Mrs. G.T. Powell Berlin Md R.F.D.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chron. degenerative myocarditis c̄ ~~[illegible]~~ anasarka, sec	2 yrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) to arteriosclerotic heart disease	4 yrs
	(c) arthritis deformans, multiple, sev	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan ...., 1949.., to 20 May ......, 1952, that I last saw the deceased alive on 20 May ....., 1952 and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herman A. Rabbin	M.D.	5 Bay St Berlin Md	5/22/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/22/52	Riverside	Berlin	Md R.F.D.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/23/52	Helen F. Hayward	Hiram A. Burbage	Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05766

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whaleyville

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whaleyville

STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) C. (Last) Purnell

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1952

5. SEX Female

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH 1865

9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Dickinson

14. MOTHER'S MAIDEN NAME Jane Jones Dickinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Elisha Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Dz Myocarditis c̄ Anasarca — 1 yr.

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Art & Arteriosclerosis generalized + Coronary Heart Dz — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, 19......., to Jan 25, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE Hermann Kabler M.D. (Degree or title) ADDRESS 5 Bay St Berlin, Md DATE SIGNED 5/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5/26/52 NAME OF CEMETERY OR CREMATORY Whaleyville LOCATION (City, town, or county) Whaleyville (State) Md.

DATE REC'D BY LOCAL REG. 5/26/52 REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 2 1952
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

—MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5767

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Scott
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 5/10/1871
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Agent
10b. KIND OF BUSINESS OR INDUSTRY Am. R. R. Ex.
11. BIRTHPLACE (State or foreign country) Whaleyville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George E Scott
14. MOTHER'S MAIDEN NAME Hester Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Edw. Scott Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiorenal disease — 2 years

442X

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 ~~19~~, to 14 May, 1952, that I last saw the deceased alive on 19 May 1952, and that death occurred at 6:30 p m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Ocean City Md DATE SIGNED 20 May 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/21/52
NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 5/21/52
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md